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## To: All Providers

### RE: Preferred Drug List Update

**Effective April 2, 2007**, the Alabama Medicaid Agency will update our Preferred Drug List (PDL) to reflect the recent Pharmacy and Therapeutics (P&T) recommendations as well as quarterly updates. The updates are listed below:

April 2, 2007 PDL Additions	April 2, 2007 PDL Deletions*
<b>Pataday</b> - EENT Preparations/Antiallergic Agents	<b>Advicor</b> -Cardiovascular Health/HMG CoA Reductase Inhibitors/Combination
<b>PhisoHex</b> - Skin and Mucous Membrane Agents/Miscellaneous Local Anti-infectives	<b>Axert</b> - Pain Management/Selective Serotonin Agonists (Tryptans)
<b>Relpax</b> - Pain Management/Selective Serotonin Agonists (Tryptans)	<b>Brethine</b> - Respiratory/Sympathomimetics
	<b>Capitol Shampoo</b> -Skin and Mucous Membrane Agents/Miscellaneous Skin and Mucous Membrane Agents
	<b>Generic lindane</b> - Skin and Mucous Membrane Agents/Scabicides and Pediculicides
	<b>Prudoxin</b> -Skin and Mucous Membrane Agents/Antipruritics
	<b>SSD</b> - Skin and Mucous Membrane Agents/Miscellaneous Local Anti-infectives
	<b>SSD AF</b> - Skin and Mucous Membrane Agents/Miscellaneous Local Anti-infectives
	<b>Zaditor</b> - EENT Preparations/Antiallergic Agents
	<b>Zmax</b> -Anti-infective Agents/Macrolides

*\* denotes that these products will no longer be preferred but are still covered by Alabama Medicaid and will need Prior Authorization (PA).*

In addition to drug changes, the Agency will be updating its criteria for the following classes: Selective Serotonin Agonists (Tryptans) and Skin and Mucous Membrane Agents. Prior therapies must include prescribed and PDL preferred agents for these classes.

The PA request form and criteria booklet, as well as a link for a PA request form that can be completed and submitted electronically online, can be found on the Agency website at [www.medicaid.alabama.gov](http://www.medicaid.alabama.gov) and should be utilized by the prescribing physician or the dispensing pharmacy when requesting a PA. Hard copy PA requests may be faxed or mailed to:

**Health Information Designs (HID)**  
**Medicaid Pharmacy Administrative Services**  
**P. O. Box 3210**

**Auburn, AL 36832-3210**

**Fax: 1-800-748-0116**

**Phone: 1-800-748-0130**

Incomplete PA requests or those failing to meet Medicaid criteria will be denied. If the prescribing physician believes medical justification should be considered, the physician must document this on the form or submit a written letter of medical justification along with the prior authorization form. Additional information may be requested. Staff physicians will review this information.

Policy questions concerning this provider notice should be directed to the Pharmacy Program at (334) 242-5050. Questions regarding prior authorization procedures should be directed to the HID help desk at 1-800-748-0130.

Please note the Agency's new web address: [www.medicaid.alabama.gov](http://www.medicaid.alabama.gov).

March 12, 2007